

**SLU’S Educational Talent Search SEED Program Registration Form**

Last Name First Name

Permanent Street Address City State Zip Code

Phone number Email Address (if you have one)

School you attend Grade Level

Parent/Guardian Name

**I am enrolling my child in the Saint Louis University Educational Talent SEED Program for (check one):**

**Middle School students**

* **July 13-16th from 1-3pm and July 20-23 (Monday-Thursday)**

**High School students**

* **July 20-31st from 10a-12pm (Monday-Friday)**

**I will be attending student/parent orientation on:**

* July 6th from 10am-11am
* July 6th from 6-7pm
* July 8th from 10am-11am
* July 8th from 6-7pm

Parent/Guardian Signature Date

**Photo Release Consent:**

Parent/Guardian Signature Date